

# CLAIMS ONLY

Application Number

10/649,763

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3				1		
4				1		
5				1		
6				1		
7				1		
8			1			
9	1			1		
10		1		1		
11				1		
12				1		
13				1		
14				1		
15	1		1			
16		1		1		
17				1		
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Total Indep	6		7			
Total Depend	17		18			
Total Claims	23		25			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

BEST AVAILABLE COPY